

EXHIBIT E

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

4 | ALISON O'DONNELL,

5 Plaintiff,
vs.

Case No. 1:16-cv-2450
Judge Donald E. Nugent

UNIVERSITY HOSPITALS HEALTH SYSTEM. et al.,

Defendants.

10 DEPOSITION OF ROSE A. GUBITOSI-KLUG, M.D.
Tuesday, August 15, 2017

1 booked out, especially when we are having
2 outside speakers come in and talk to us.

3 Q. So then somebody is going to be speaking. And
4 then at that point somebody can jump in with a
5 question, either a faculty member or a fellow,
6 and questions can be posed to the fellows,
7 "Hey, how would you handle this specific
8 situation?" Or "What do you think about this,"
9 that type of stuff, right?

10:57 10 A. Yeah, I mean, absolutely. Wednesday is --
11 Wednesday is mandatory because it is our only
12 time where we are all together that we can do
13 the true kind of teaching that is required of
14 an academic subspecialty training program.

15 I mean, it is kind of -- this is our
16 sacred time to really be all together with our
17 fellows as a group to go over the most
18 challenging cases.

19 You could be on inpatient service for
20 three years and never treat a patient with a
21 rare condition called thyroid storm. How do
22 you learn? I mean, I never saw a thyroid storm
23 patient in my three years of fellowship.

24 But on these Wednesday meetings faculty
25 would present a case. I would then present the

1 management to residents in the PICU, I would do
2 a lecture on it. So I would learn that way,
3 because some of the cases are so rare, you are
4 never going see in your three years.

5 But I learned how to do the medical
6 management from these Wednesday conferences and
7 then from presenting.

8 So I will tell you, day one as an
9 assistant professor, first patient in the PICU,
10 thyroid storm. And I knew how to do it because
11 of Wednesday meetings. So these meetings are
12 essential to giving, imparting the knowledge to
13 the fellows of these very rare cases.

14 And in outpatient clinic, patients are
15 assigned to the schedule randomly, nobody is
16 purposely given the most challenging patients.
17 I mean, they just -- patients call, new
18 patient, they are put on a schedule.

19 We tend to try to get a lot of new
20 patients for fellows because that is where the
21 real learning is. They can see some of my
22 follow-ups, but the new patient is when you get
23 to really kind of see them fresh and think
24 about how you would prioritize their work-up.

25 So we need to talk about these challenging

1 cases on Wednesday. So the fellow would,
2 typically, their presentations are they start
3 with the case. I mean, that is how we all
4 learn. We start with the case, and maybe it is
5 a simple case, but in your differential of what
6 might be going on, you consider some rare
7 things, and occasionally that is what the kid
8 has.

9 And then you would break into, and the
10 heart of your presentation would really be, the
11 pathophysiology of that disease. What do we
12 understand? Do we understand the genetics of
13 it? Is it inherited. How is it inherited in
14 the family?

15 As a subspecialist, you are expected to
16 know the detailed biochemistry. In our area it
17 is a lot of biochemistry. That is what you
18 expect.

19 General pediatricians understand the
20 surface, but we are supposed to be able to have
21 the in-depth.

22 So on these Wednesday conferences we are
23 able to see, again: Are the fellows making
24 that jump from being the general pediatrician
25 to now being that subspecialty expert?